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**Psychiatric Evaluation:** Pnina Greenfield

Date of Birth: March 28, 1958

This evaluation is based on clinical interview and formal psychiatric evaluation, as well as my review of the relevant materials in this case. My opinions are stated within a reasonable degree of medical certainty.

**Identifying Information**

Pnina Greenfield is a 63-year-old Israeli citizen currently residing in Ramat Hasharon, Israel. She is married with four children. She was born in Tel Aviv, Israel. She initially lived in Tel Aviv and later moved to Ramat Hasharon at age 16 where she has lived ever since. Following high school, she studied education and then completed her compulsory army service. She married her husband, Ron, in 1979. They travelled to the USA for 4 years for her husband's studies. Their eldest son was born in the USA. They returned to Israel in 1983. She returned to teaching in Israel where she taught grades 3 to 6. She then changed direction and taught kindergarten. She always had an interest in the medical field, so after some time she started working in a dentist's office for a few years followed by working in a dermatologist's office. She struggled to get back to work after the terror suicide bombing and since her injuries in the terror

attack, she has not worked at all. She has therefore remained unemployed for the past three years.

### **Presenting Problem**

Mrs. Greenfield states that five years ago, her husband decided to give her a “different kind” of birthday gift. He booked for her, her sister and himself to take part in a culinary tour to Istanbul. Her brother-in-law was not interested in attending, so the three of them went alone. The tour was scheduled to last 4 days. On the third day, a Saturday morning (19/3/2016), they had just finished eating out at a restaurant for breakfast. She recalls that the atmosphere at the restaurant and the food was not great. She was one of the last to leave the restaurant and she was photographing the group initially from the back. She remembers that she therefore had to run ahead at some point in order to photograph the group from the front.

They were walking along a main thoroughfare for pedestrians in Istanbul. They were walking in the middle of the street, and she recalls that she felt as if she was in a movie. She had taken upon herself to be the unofficial photographer of the group and was constantly taking pictures of the group and their experiences in Istanbul. She recalls that there were uncharacteristically few people in the street which was supposed to be extremely busy at that time of the day. In addition, there appeared to be very few, if any, children requesting donations (charity) in the street. She looked back at everyone in the group and was photographing them all – they were a few seconds behind her. Her husband and sister came to join her at the front of the group. She recalls that suddenly at that moment she heard a noise of a whistle and felt heat in front and in the back of her. She then experienced a strong blast very close to her. She was thrown to the ground. Her sister said to her that she thought it was a car bomb. She then remembers that she said to herself “I am in the midst of a terror attack”, “I need to continue living”. She asked herself if she was still alive since she was not sure. After a few seconds she understood that she was alive and “needed to keep surviving”. In the mayhem that followed, she saw that her sister had moved to a nearby alleyway. She moved towards her. At that moment, she realized that her husband was not there. She shouted for him but realized that she had no voice with which to shout.

She noted a group of people lying on the ground. A short while later, her husband found her and crawled towards her. She recalls that she was completely traumatized in the situation. She dealt with this trauma by disconnecting herself from her body. For her this became an “out of body experience” – something completely new to her. She saw around her lots of destruction from the explosion. In addition, she noted pieces of bone and body parts on the ground around her. She saw dead members of her tour group also lying on the ground. She recognized them by the clothes they were wearing. She was taken with her husband to an old ambulance. She was told that there was no space for her. She stated that she is not separating from her husband and demanded to be taken along in the ambulance with her husband. She was then told to sit next to the ambulance driver. When she arrived at the hospital, she noted a large pool of blood on the floor of the ambulance with her blood. She remained in trauma and intensely distressed by the situation in which she and her husband found themselves.

After meeting the medical staff in the hospital and been told of her injuries, she recalls being relieved to be alive and tried to keep positive. She realized after that she was going through the motions, but inside she was heavily traumatized by the experience. On the flight back to Israel later that night, she also tried to remain upbeat. Only later did the trauma hit her hard. This was compounded by the realization that she and her husband were going to go home - both of them in wheelchairs. It was then that all her anxieties, low mood and traumatic symptoms began in earnest.

#### Long term consequences of the terror attack

Over time, Mrs Greenfield relates that she became much more irritable. She lost all her patience. This was related to her becoming more anxious and nervous in general and in particular when out in public places. This naturally affected her relationships both with friends and close family. It also affected her relationship with her husband. They were both stuck at home. Initially they were both in a wheelchair. They were both in pain and in contrast to busy active lives prior to the suicide bombing, they were together 24 hours a day grounded in their apartment. This became a frustrating difficult and traumatic time for them. They felt like helpless invalids.

*Post-traumatic symptomatology:*

1. Avoidance: of crowds and speaking about the trauma. She also refuses to ever travel to Turkey or any Arab country. She also avoids any news or movies involving violence. Such exposure “throws her off again”.
2. Hypervigilance: in any public place. She cannot relax, she is always "checking" for anyone suspicious. Whenever she attends any cultural performance, she looks around and feels that someone is going to enter and spray everyone with bullets. She thus is never comfortable in any entertainment.
3. Nightmares: these began soon after the suicide bombing. Many of these dreams are intense with content of explosions as she describes them. At times there are family members of hers involved in these blasts. These are intensely disturbing for her. She also has nightmares of tsunamis. She reports that in these nightmares, the water passes over her head, and she survives, however the water returns from the other side, and she struggles to survive. She then wakes up in panic.
4. Physiological response: at times when reminded of the traumatic experience she and her husband endured, she feels inner tension, palpitations, and stress. This only resolves after she speaks it out and calms with self-reassurance.
5. Hypersensitivity to loud noises.

The suicide bombing also affected her from a social perspective. She spends much less time with friends and more time with family. She felt that family who very close to her could understand her more and what she was experiencing. Her children were very much affected as well by her trauma. Two of them decided to tattoo themselves with memories of the suicide bombing including of the bolts of their forearms.

Due to her ongoing anxiety and post-traumatic symptoms which began to affect her mood and function adversely, she was referred to a psychiatrist. She reported that she was not able to enjoy anything anymore. Her sleep and appetite were affected. She was prescribed sertraline 50mg since she was suffering so much. She felt that she needed medication in order to survive. She also received psychotherapy for several months after the terror attack. She was told that her symptoms were clearly post-traumatic in nature and that she required this assistance. Even though she tries to

encourage herself by saying that life must go on, her experiences caused her intense anxiety, and she finds less enjoyment in life. She sees the world as “grey”.

#### Previous Psychiatric Illnesses

She denies any previous psychiatric treatment or evaluation prior to the suicide terror explosion.

#### Alcohol or Substance History

she reports no alcohol or substance abuse.

#### Family Psychiatric History

None reported.

#### Mental Status

*General appearance:* looks older than stated age, casually dressed.

*Behavior:* cautious, uneasy, anxious, not relaxed, especially when describing changes in her life since the terror attack.

*Affect:* Clearly distressed affect when describing details of the suicide bombing and effects on her life.

*Mood:* Admits to low mood.

*Speech:* Clear and coherent

*Thought disorder:* No evidence of formal thought disorder.

*Thought Content:* No evidence of delusional content.

*Perceptual Disorder:* No evidence of past or present hallucinations. No evidence of psychosis.

*Neurocognitive and neuropsychiatric status:* fully alert and oriented. Concentration and attention ability are intact.

*Impulse Control:* Intact.

*Insight:* Good.

*Judgment:* Good.

*Reliability of Mental status and interview:* very good.

### Psychological Testing

*HAM-D and HAM-A rating scales, PTSD scale (PDS-5) and Pathological Grief screening questionnaires were administered.*

The **Hamilton Depression rating scale** (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS17) pertaining to symptoms of depression experienced over the past week. The **Hamilton Anxiety Rating Scale** (HAM-A) is a widely used and well-validated tool for measuring the severity of a patient's anxiety. The HAM-A probes 14 parameters.

The **Posttraumatic Diagnostic Scale** (PDS-5) is a 24-item self-report measure that assesses PTSD symptom severity in the last month according to DSM-5 criteria. The PDS-5 begins with two trauma screen questions to assess trauma history and identify an index trauma. An item for each of the 20 DSM-5 PTSD symptoms is included, and an additional four items ask about distress and interference caused by PTSD symptoms as well as onset and duration of symptoms. Symptom items are rated on a 5-point scale of frequency and severity ranging from 0 (Not at all) to 4 (6 or more times a week / severe).

Scores indicate presence of moderate depression (score of 19 on the Ham-D), moderate anxiety (score of 15 on the Ham-A), and presence of PTSD symptoms (score of 29 on the PDS-5).

### Summary of Observations

Pnina Greenfield is a 63-year-old female with signs and symptoms of depression, anxiety, and post-traumatic features since being injured in a terror attack during the course of a culinary tour to Istanbul in 2016. She was injured to her leg and witnessed numerous injuries and several deceased members of her tour group after the explosion. She thought that she was going to die in the explosion. Her symptoms have lasted several years to the present. As a result, she has experienced significant social, and emotional effects since the terror explosion considerably affecting her function in several areas of her life. She has not returned to her work since the terror attack. She clearly describes the intensity of her emotional pain and frustration associated with

her and her husband's injuries along with her ongoing limitations and psychological trauma.

#### Prognosis

Pnina Greenfield suffered significant mood and post-traumatic symptoms following being injured, along with her husband, in a terror attack during the course of a culinary tour to Istanbul in 2016. She clearly expresses how her life has been significantly affected following the trauma. Despite the treatment she has received and the few years that have past, it is not expected that her mood and anxiety issues affecting many areas of her personal and social functioning will resolve in the short term, and they will continue to affect her for a long time to come.

#### Diagnostic Formulation

**309.81 (F43.10) Post-traumatic Stress Disorder**

**296 (F32.4) Major depressive disorder, single episode, in partial remission**

A handwritten signature in blue ink, appearing to read 'R. Strous', is shown within a light blue rectangular box.

Rael Strous MD